2. Central Government have taken steps to augment the drugs testing facilities of State laboratories. This includes strengthening the infrastructural facilities and improving the information system through computer networking which project is under implementation.

3. Union Ministry of Health and Family Welfare has specifically taken up the issue of combating the menace of manufacture and sale of spurious, adulterated and counterfiet drugs in the meeting of Central Council of Health and Family Welfare on 12-13 July, 2001. It was resolved that special attention is required to be given to monitor illegal activities by a special intelligence cell in the respective Drugs Control Organisation and in seeking cooperation of Pharma industry, the trade, as well as the Police.

4. Union Ministry of Health and Family Welfare constituted a Committee under the Chairmanship of DGHS to examine the extent of problem and suggest remedial measures. Committee report has been submitted this month.

Steps to check population growth

480. SHRIMATI ABMIKA SONI:
DR. T. SUBBARAMI REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have pointed out that States have not taken serious steps to check the population growth;

(b) if so, whether a number of States have prepared policies that propose various disincentives, including denial of free rations and education to the third child;

(c) if so, the States which have, so far, formulated the policy and those which have not; and

(d) the action being considered by Government against those States which have not taken measures to check the population growth?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The Central Government reviews

from time to time with the State Governments the progress made in various family welfare programmes. The States of Tamil Nadu, Kerala, Goa, Nagaland, Delhi, Pondicherry, A&N Islands, Chandigarh and Mizoram have made considerable progress and have already achieved the replacement level of fertility, and have to sustain the progress. Current demographic trends indicate that 12 States and Union Territories of Karnataka, Andhra Pradsh, West Bengal, Maharashtra, Punjab Himachal Pradesh, Orissa, Manipur, Arunachal Pradesh, Lakshadweep, Daman and Diu and Sikkim are likely to achieve replacement level early. However, Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, Assam, Haryana, Gujarat, Tripura, Meghalaya, Jammu and Kashmir, Dadra and Nagar Haveli have to make special effort with improved primary health care services for accelerating implementation of programmes of population stabilisation. The Union Government and State Governments are making concerted efforts for improved coverage and outreach with an expanded package of services to achieve immediate objective of replacement level of fertility *i.e.* TFR of 2.1 by 2010 as mentioned in National Population Policy adopted by the Government in February, 2000.

(b) to (d) State Population Policies have been adopted by Andhra Pradesh (1997), Rajasthan (December 1999), Madhya Pradesh (January 2000), Uttar Pradesh (July 2000), and Gujarat (March 2002) with state specific goals and strategies. All the States have been advised to devise their strategies and programmes in harmony with the National Population Policy, 2000 for reducing birth rates and achieving population stabilization. The national policy does not envisage any disincentives, as they tend to be coercive. To enhance and accelerate performance in States with currently below average socio-demographic indices, an Empowered Action Group (EAG) has been constituted in the Ministry of Health and Family Welfare for preparation of area specific programmes. A detailed database for eight States *i.e.* MP, UP, Bihar, Rajasthan, Orissa, Chhattisgarh, Uttaranchal and Jharkhand has been compiled by the Department of Family Welfare to help guide the assessment of community needs. This will facilitate rational and optimal utilization of resources in terms of reproductive health care products, services as well as public/NGO/private partnerships.